

Wisconsin Department of Safety and Professional Services

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EXAMINING BOARD OF ARCHITECTS, LANDSCAPE ARCHITECTS, PROFESSIONAL ENGINEERS, DESIGNERS, AND LAND SURVEYORS

ARCHITECT SECTION

INSTRUCTIONS TO REGISTER FOR ARCHITECT REGISTRATION EXAMINATION (ARE)

Eligibility Requirements for Architect Registration Examination (ARE):

To be eligible to take all or parts of the Board approved ARE, an applicant shall meet one of the following:

- Complete and submit Experience Record (**Form #463**) to verify at least six (6) years of qualifying architectural experience and/or education per Wis. Admin. Code § A-E 3.03(1).
OR
- Has graduated from a National Architectural Accredited Board (NAAB) accredited degree program.

Application Requirements:

All first time Wisconsin applicants applying for the ARE, must submit the following to the DSPS to determine eligibility:

1. **Completed Request to Apply for Architect Examination (Form #1948) and submit fee.**
2. **National Council of Architectural Registration Boards (NCARB).** Provide "MyNCARB" account number on (**Form #1948**).
3. **Official Transcripts** (not required if submitting NCARB record)
Transcripts must be sent directly from the college or university to the applicant in a sealed envelope to the Architect Section and submitted along with this application (**Form #1948**).
Transcripts must include courses taken and degrees received. Note: If you attended more than one school and transfer credits appear on the transcript from the school where the degree was received, do not provide an additional transcript from the first school(s) you attended. For further information, please view Wis. Admin. Code § A-E 3.03(1).
4. **National Council of Architectural Registration Boards (NCARB) Record:** Provide NCARB account number on (**Form #1948**). If you are submitting a complete NCARB record to DSPS, **do not submit transcripts, (Form #463), or (Form #1947).**
Retake applicants who have previously taken examinations in Wisconsin are not required to resubmit this information to DSPS prior to retake-registration.
5. **Experience Record (Form #463):** (not required if submitting NCARB record)
Credit for Experience
Credit will not be given for education and work experience received during the same time period. No more than one year of credit for satisfactory experience in architectural work may be granted for any calendar year as stated in Wis. Admin. Code § A-E 3.03(4).
Education as an Experience Equivalent
For registration as an architect, experience is defined in Wis. Admin. Code § A-E 3.04(3). No more than the maximum experience equivalent will be given for education received.
6. **Equivalent Intern Development Program Record of Experience (Form #1947) or NCARB Intern Development Program (IDP) Periodic Assessment Report.**

Intern Development Program

All forms should be retained by the applicant until you are ready to apply to take the examination. Please refer to Wis. Admin. Code § A-E 3.03(1) for further information.

Applicants applying for the ARE that have not graduated from an NAAB accredited program must submit (Form # 1947) or have NCARB record transmitted to the DSPS (the NCARB Summary Report is acceptable).

Wisconsin Department of Safety and Professional Services

Intern Development Program using the Architect Section's Equivalent Intern Development Program Record of Experience (Form #1947)

Applicants must complete a separate report for each place of employment. The intern and the intern's supervisor must sign each report. A minimum of one year of qualifying architectural work experience **AND** 1,860 hours of the required 3,720 hours of training experience must be documented at the time the application is submitted for the examination. The minimum one year of qualifying experience does not apply if you have an approved NAAB architectural degree.

NCARB's Intern Development Program (IDP)

Information regarding the NCARB IDP is available at <http://www.ncarb.org>.

NCARB Registration

Applicants wishing to sit for the ARE must have an active NCARB account to apply for eligibility. Current NCARB account holders can access their online "My NCARB" account at www.ncarb.org and follow the steps indicated below.

1. Log into your "My Examination" account.
2. Select the ARE tab and click "Request Eligibility."
3. Select Wisconsin from the jurisdiction drop down menu and click "Request Eligibility."
4. An e-mail will be sent instantly to the Wisconsin Board's Architect Section requesting that the Board review your request for authorization to take the ARE.
5. You will receive an e-mail confirmation immediately after submitting your request. This will provide details on the next steps in this process. After review and approval, you will receive a second confirmation e-mail notification that you have been made eligible for the ARE.

Effective January 1, 2006, NCARB created a "rolling clock" standard for the ARE. Under the terms of the "rolling clock," candidates must pass the ARE within five (5) years. Transitional rules and guidelines for the "rolling clock" are available at the NCARB website: <http://www.ncarb.org>. Computer testing will be available on a first-come, first-served basis.

Wisconsin Statutes and Administrative Code

A copy of the Wisconsin Statutes and Administrative Code Relating to the Practice of Architects, Landscape Architects, Professional Engineers, Designers, and Land Surveyors is available on the Department website at <http://dsps.wi.gov>.

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EXAMINING BOARD OF ARCHITECTS, LANDSCAPE ARCHITECTS, PROFESSIONAL ENGINEERS, DESIGNERS, AND LAND SURVEYORS ARCHITECT SECTION

REQUEST TO APPLY FOR ARCHITECT EXAMINATION

Under Wisconsin law, the Department must deny your application if you are liable for delinquent State Taxes or Child Support (Wis. Stats. § 440.12).

**PLEASE TYPE OR PRINT
IN INK**

☐

Your name and address are available to the public. Check box to withhold street address/PO Box number from lists of 10 or more credential holders (Wis. Stat. § 440.14).

Last Name

First Name

MI

Former / Maiden Name(s)

Address (street, city, state, zip)

Daytime Telephone Number

Mailing Address (if different)

Date of Birth

Social Security #

Your Social Security Number or Employer Identification Number must be submitted with your application on this form. If you do not have a Social Security Number, you must complete Form #1051. The Department may not disclose the Social Security Number collected except as authorized by law.

Ethnicity/gender status information is optional.

Ethnicity:

☐ White, not of Hispanic origin
☐ Black, not of Hispanic origin

☐ American Indian or Alaskan
☐ Asian or Pacific Islander

☐ Hispanic
☐ Other

Sex:

☐ M ☐ F

Have you ever been licensed in Wisconsin as an Architect?

☐

Yes ☐ No

If yes, list your credential number:

Email Address

Intern Development Program: Please indicate how you qualify for licensure.

☐ Wisconsin Equivalent Intern Development Program Record of Experience (Form #1947)

☐ NCARB's IDP Periodic Assessment Report. Date record was transmitted to DSPS from NCARB

NCARB Account# (required):

APPLICATION FEES: Please check applicable box. Make check payable to DSPS and attach to this application.

- ☐ **I am seeking a Veteran Fee Waiver** (for Initial Credential Fee only, see page 2 for further information)
- ☐ **\$ 75.00 Initial Credential Fee**
\$ 15.00 Contract Exam Fee
\$ 90.00 Total Fee Attached

For Receipting Use Only (5)

Wisconsin Department of Safety and Professional Services

ARE YOU A VETERAN? If yes, please view the Department website at <http://dsps.wi.gov> under “License, Permits, and Registrations” and select “Military Benefits Related to Licensure for Eligible Veterans Services Members and Spouses” for eligibility requirements.

If you qualify, are you requesting a waiver of your initial credentialing fee? ☐ Yes ☐ No

If Yes, provide a copy of your Department of Veterans Affairs voucher code and list your DVA Voucher Code Number:

If you qualify, are you requesting equivalency of your Military Training and experience? ☐ Yes ☐ No

If Yes, complete and return the Veteran Request Application Addendum (**Form #2996**). This form must be included with this application.

If you qualify, are you requesting Temporary Spousal Reciprocal License? ☐ Yes ☐ No

If Yes, do not complete this form. You must complete and return the Application for Temporary Spousal Reciprocal License (**Form #2982**).

You may contact the DVA at 1-800-WisVets or www.WISVET.com for assistance in obtaining your DVA Voucher Code and/or documents related to your training.

CONTINUING EDUCATION AND RENEWAL REQUIREMENTS: Please view the Department website at <http://dsps.wi.gov> and select the “Professional Credential Renewal Information.”

ANSWER THE FOLLOWING QUESTIONS (attach additional sheet(s) if necessary)

1.	Have you ever surrendered, resigned, canceled, or been denied a professional license or other credential in Wisconsin, or any other jurisdiction? If yes, give details on an attached sheet, including the name of the profession and the agency.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Has any licensing or other credentialing agency ever taken any disciplinary action against you, including but not limited to any warning, reprimand, suspension, probation, limitation, or revocation? If yes, attach a sheet providing details about the action, including the name of the credentialing agency and date of action.	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Is disciplinary action pending against you in any jurisdiction? If yes, attach a sheet providing details about pending action, including the name of the agency and status of action.	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Have you ever been convicted of a misdemeanor or a felony, or do you have any felony or misdemeanor charges pending against you? If yes, submit Convictions and Pending Charges (Form #2252).	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Are you incarcerated, on probation, or on parole for any conviction? If applicable, attach a sheet providing details including the terms of incarceration and a copy of a report from your probation or parole officer.	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	Are you registered or licensed in any other profession(s)? If yes, state what profession(s) and in what state(s): <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	Have you ever been credentialed under any other name(s)? If yes, state name(s) credentialed under: <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No

Education: Official Transcript(s) Required. (Attach additional sheet if necessary.)

College(s) Attended	Degree Received	Date of Graduation	Major
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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CERTIFICATION OF LEGAL STATUS:

I declare under penalty of law that I am (check one):

- ☐ A citizen or national of the United States, or
- ☐ A qualified alien or nonimmigrant lawfully present in the United States who is eligible to receive this professional license or credential as defined in the Personal Responsibility and Work Opportunities Reconciliation Act of 1996, as codified in 8 U.S.C. §1601 et. Seq. (PRWORA). For questions concerning PRWORA status, please contact the U.S. Citizenship and Immigration Services in the Department of Homeland Security at 1-800-375-5283 or online at <http://www.uscis.gov>.

Should my legal status change during the application process or after a credential is granted, I understand that I must report this change to the Wisconsin Department of Safety and Professional Services immediately.

CONTINUING DUTY OF DISCLOSURE

I understand that I have a continuing duty of disclosure during the application process. If information I have provided in this application becomes invalid, incorrect or outdated, I understand that I am obliged to provide any necessary information to ensure the information on my application remains current, valid, and truthful. I understand that Credentialing authorities may view acts of omission as dishonesty and that my duty of disclosure during the application process exists until licensure is granted or denied.

AFFIDAVIT OF APPLICANT

I declare that I am the person referred to on this application and that all answers set forth are each and all strictly true in every respect. I understand that failure to provide requested information, making any materially false statement and/or giving any materially false information in connection with my application for a credential or for renewal or reinstatement of a credential may result in credential application processing delays; denial, revocation, suspension or limitation of my credential; or any combination thereof; or such other penalties as may be provided by law. I further understand that if I am issued a credential, or renewal, or reinstatement thereof, failure to comply with the statutes and/or administrative code provisions of the licensing authority will be cause of disciplinary action.

By signing below, I am signifying that I have read the above statements (Certification of Legal Status, Continuing Duty of Disclosure, and Affidavit of Applicant) and understand the obligation I have as an applicant or credential-holder should information I've provided to the Department of Safety and Professional Services change.

Signature: Date: / /